

**CORRECTIVE AMENDMENT
TO THE
SUMMARY PLAN DESCRIPTION
for the
XL AMERICA, INC. HEALTH AND WELFARE PLAN - 2004086**

Effective January 1, 2024, the XL America, Inc. Health and Welfare Plan is amended as follows (**red** and *italics* means change or addition and ~~strikeout~~ means deletion):

Within “**SCHEDULE OF MEDICAL BENEFITS - HDHPQ1**”, “**NATUROPATHY/HOMEOPATHIC**” is replaced as follows:

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON-NETWORK
NATUROPATHY/HOMEOPATHIC			
Office Visit Specialty Care Physician (SCP) Provider Services	Not Available	80% after Deductible	60% after Deductible
Services, Treatments and Supplies Other than Office Visit Specialty Care Physician (SCP) Provider Services	Not Available	No Benefit	— No Benefit

Within “**SCHEDULE OF MEDICAL BENEFITS - HDHPQ2**”, “**NATUROPATHY/HOMEOPATHIC**” is replaced as follows:

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON-NETWORK
NATUROPATHY/HOMEOPATHIC			
Office Visit Specialty Care Physician (SCP) Provider Services	Not Available	80% after Deductible	60% after Deductible
Services, Treatments and Supplies Other than Office Visit Specialty Care Physician (SCP) Provider Services	Not Available	No Benefit	— No Benefit

Within "SCHEDULE OF MEDICAL BENEFITS - OAP", "NATUROPATHY/HOMEOPATHIC" is replaced as follows:

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON-NETWORK
NATUROPATHY/HOMEOPATHIC			
Office Visit Specialty Care Physician (SCP) Provider Services	Not Available	100% after \$50 Copayment, Deductible Waived	60% after Deductible
Services, Treatments and Supplies Other than Office Visit Specialty Care Physician (SCP) Provider Services	Not Available	No Benefit	—No Benefit

Within "SCHEDULE OF MEDICAL BENEFITS - INDPR", "NATUROPATHY/HOMEOPATHIC" is replaced as follows:

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE
NATUROPATHY/HOMEOPATHIC	
Office Visit Specialty Care Physician (SCP) Provider Services	80% after Deductible
Services, Treatments and Supplies Other than Office Visit Specialty Care Physician (SCP) Provider Services	—No Benefit

Within **MEDICAL BENEFITS**, item 32 is added numerically, and "OCCUPATIONAL THERAPY - OUTPATIENT", "PHYSICAL THERAPY - OUTPATIENT" are replaced as follows:

32. *Charges for Naturopathic Physician (ND) fees provided by a legally qualified provider practicing within the scope of his or her license.*

OCCUPATIONAL THERAPY - OUTPATIENT

Benefit limits apply as stated in the Schedule of Medical Benefits.

Coverage includes charges for Occupational Therapy whose primary purpose is to provide medical care for an Illness or Injury, on an Outpatient basis. Occupational Therapy must be ~~ordered by a Physician and~~ rendered by a licensed occupational therapist.

PHYSICAL THERAPY - OUTPATIENT

Benefit limits apply as stated in the Schedule of Medical Benefits.

Coverage includes charges for Physical Therapy, including massage therapy (therapeutic massage) when Medically Necessary provided by a legally qualified physical therapist practicing within the scope of his or her license, whose primary purpose is to provide medical care for an Illness or Injury, on an Outpatient basis. Physical Therapy must be ~~ordered by a Physician and~~ rendered by a licensed physical therapist.

Within "**MEDICAL BENEFIT EXCLUSIONS**" item 17 is replaced as follows:

17. Charges for acupuncture; ~~naturopathy~~; *naturopathic or homeopathic medicine; naturopathic treatment; naturopathic testing*; holistic medical procedures; or rolfing, ~~except as specifically listed as a covered service.~~

Within "**GENERAL DEFINITIONS**", "OCCUPATIONAL THERAPY", "PHYSICAL THERAPY" and "SPEECH THERAPY" are replaced as follows:

OCCUPATIONAL THERAPY

"Occupational Therapy" means a program of care ~~ordered by a Physician~~ which is for the purpose of improving the physical, cognitive and perceptual disabilities that influence the Covered Person's ability to perform functional tasks related to normal life functions or occupations, and which is for the purpose of assisting the Covered Person in performing such functional tasks without assistance.

PHYSICAL THERAPY

"Physical Therapy" means a plan of care ~~ordered by a Physician and~~ provided by a licensed physical therapist, to return the Covered Person to the highest level of motor functioning possible.

SPEECH THERAPY

"Speech Therapy" means a course of treatment, ~~ordered by a Physician~~, to treat speech deficiencies or impediments.

Nothing in this amendment is deemed to change any other provision of the Summary Plan Description of which it becomes a part.

XL AMERICA, INC.

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